

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Walter Cruz-Zavala</b>		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>08-730 WHA</b>		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER						
7. IN CASE/MATTER OF (Case Name)  <b>US vs. Cerna</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions)						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18 USC 1962</b>						
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>						
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>Use in closing argument</b>						
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> <b>Closing from United States vs. Rosga CR. 10-170-HEH</b>						
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS	
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)						
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.						
15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <div style="display: flex; justify-content: space-between;"> <div>Signature of Attorney _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Printed Name _____</div> <div></div> </div> Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judge or By Order of the Court _____</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date of Order _____</div> <div>Nunc Pro Tunc Date _____</div> </div>			
<b>CLAIM FOR SERVICES</b>						
17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE			Telephone Number: _____			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original				<b>\$0.00</b>		<b>\$0.00</b>
Copy				<b>\$0.00</b>		<b>\$0.00</b>
Expense (Itemize)						
<b>TOTAL AMOUNT CLAIMED:</b>						<b>\$0.00</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee _____ Date _____						
<b>ATTORNEY CERTIFICATION</b>						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  _____ Signature of Attorney or Clerk Date						
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>						
23. APPROVED FOR PAYMENT  _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED